

Case Number:	CM13-0053134		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2011
Decision Date:	07/22/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male who reported an injury on 05/31/2011; the mechanism of injury was not provided within the medical records. The injured worker had a history of low back pain that radiated to bilateral lower extremities. The injured worker's pain level was increased with an average pain level of 6-7/10 with medications and 7-8/10 without medications. Upon examination on 08/30/2013 the injured worker's range of motion of the lumbar spine revealed moderate reduction secondary to pain, spinal vertebral tenderness in the lumbar spine at the L4-L5 level, lumbar myofascial tenderness on palpation. The sensory exam showed decreased touch to the left lower extremity with decreased sensation along the L4, L5, and S1 dermatome. The straight leg raise with the injured worker in a seated position and the leg fully extended was positive to the left lower extremity for radicular pain at 50 degrees. The MRI of the lumbar spine performed on 08/10/2011 revealed at L5-S1 there was a 4-5 mm broad-based right paracentral disc protrusion; the disc material was noted to be contacting the right S1 nerve root. The injured worker is diagnosed with lumbar radiculopathy, chronic pain other, obesity, and plantar fasciitis. The treatment included a Toradol injection and B12 injection. There is no documentation of medications. The treatment plan was for Toradol injection, B12 injection, bilateral plantar fasciitis foot cortisone injection, electromyography (EMG) and nerve conduction studies (NCV) bilateral legs, Xoten lotion. The request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 & 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies.

Decision rationale: CA California Medical Treatment Utilization Schedule (MTUS) Guidelines/ACOEM notes unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG is not recommended for clinically obvious radiculopathy. The injured worker has a diagnosis of radiculopathy. The sensory exam showed decreased touch to the left lower extremity with decreased sensation along the L4, L5, and S1 dermatome. The straight leg raise with the injured worker in a seated position and the leg fully extended was positive to the left lower extremity for radicular pain at 50 degrees. The MRI of the lumbar spine performed on 08/10/2011 revealed at L5-S1 there was a 4-5 mm broad-based right paracentral disc protrusion; the disc material was noted to be contacting the right S1 nerve root. As the injured worker has significant findings of radiculopathy upon physical examination to the left lower extremity and imaging findings indicated nerve impingement to the right S1 root, an EMG may be indicated to further assess the etiology of the injured worker's symptoms. The request is medically necessary.

NERVE CONDUCTION VELOCITY (NCV) TESTING OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies.

Decision rationale: The Official Disability Guidelines do not recommend NCV for the lower extremities due to minimal justification when a person is presumed to have symptoms on the basis of radiculopathy. The injured worker has a diagnosis of radiculopathy. The sensory exam showed decreased touch to the left lower extremity with decreased sensation along the L4, L5, and S1 dermatome. The straight leg raise with the injured worker in a seated position and the leg fully extended was positive to the left lower extremity for radicular pain at 50 degrees. The MRI

of the lumbar spine performed on 08/10/2011 revealed at L5-S1 there was a 4-5 mm broad-based right paracentral disc protrusion; the disc material was noted to be contacting the right S1 nerve root. There is a lack of documentation indicating the need for an NCV as the injured worker's symptoms are radicular in nature. As such the request is not medically necessary.